

LOWELL PUBLIC SCHOOLS

James F. Sullivan Middle School
150 Draper St.
Lowell, Massachusetts 01852
978-937-8995

Sean D. Carabatsos
Principal

Michael J. Banks
Jocelyn Petrosino
Assistant Principals

December 21, 2022

Dr. Joel Boyd - Superintendent of Schools
Lowell Public Schools
Henry J. Mroz Central Administration Building
155 Merrimack Street
Lowell, MA 01852

Dear Dr. Boyd and Members of the School Committee,

The 8th grade students of the James F. Sullivan Middle School are requesting permission to travel to Washington, D.C from Tuesday, May 30th until Friday June 2nd through Capitol Tours Inc. of Haverhill, Ma. The trip is all inclusive and the cost will be dependent on the final number of students attending, with a minimum at this time of 45 students (\$747 per person; see enclosed itinerary). Fundraising activities will be held throughout the school year to defray the cost of the trip for all participating students. There will be no cost to Lowell Public Schools or the City of Lowell.

There will be a minimum of 45 students attending the trip with 4 chaperones: teachers Keith Valliere, Ashley Galipeau, Dan Purcell and guidance counselor, Kelsey Stappen. In the event of additional students or students requiring medical assistance from a nurse, we will request additional chaperones. There is no fee for chaperones and substitutes will not be required for the teachers attending the trip.

Although students will be missing 4 days of school, this experience will enhance their understanding of a number of Social Studies standards identified in the Massachusetts History and Social Science Curriculum Frameworks, U.S. History Learning Standards, most especially: **USL11** Describe the purpose and functions of government; **USL13** Explain why the United States government is classified as a democratic government; **USL14** Explain the characteristics of American democracy, including the concepts of popular sovereignty and constitutional government, which includes representative institutions, Federalism, separation of powers, shared powers, checks and balances, and individual rights; **USL15** Explain the varying roles and responsibilities of federal, state and local governments in the United States.

We appreciate you considering this request.

Sincerely,


Sean D. Carabatsos

CAPITAL TOURS, INC.

200 Merrimack Street, Suite 401 • Haverhill, Massachusetts 01830 • Tel. (978) 373-9140

www.capitaltours.net

September 6, 2022

Mr. Keith Valliere
SULLIVAN MIDDLE SCHOOL
37 Evergreen Road
Lowell, MA 01852

Dear Keith:

Enclosed you will find your proposed itinerary and two copies of our standard tour contract. Please review the information and return one signed contract to our office.

The cost information for your tour based on 1 complimentary adult for every 10 paying students is as follows:

Tour Cost (per person, based on 35 paying students)	\$812.00
Tour Cost (per person, based on 40 paying students)	\$775.00
Tour Cost (per person, based on 45 paying students)	\$747.00

Please Note: The complimentary adult ratio will be strictly adhered to. Adults shall include all teachers, administrators, medical personnel, and parents on the trip.

Any participant that is not paid in full prior to the trip will not be allowed to board the bus on the morning of departure (unless all parties have agreed to specific payment arrangements).

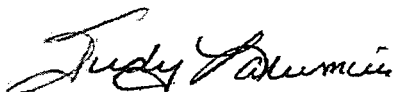
In an effort to provide accurate information when we mail the final invoice to the parents, we need to receive fundraising amounts from the school by March 17, 2023. Any fundraising after this date will need to be handled internally through the school.

An optional Travel Protection Plan can be purchased through TRAVEL INSURED INTERNATIONAL. Upon registration with Capital Tours, Inc. - each participant will receive a direct link to "Travel Insured International" where they will be able to choose which option they want - STUDENT DELUXE OR CANCEL FOR ANY REASON.

If you have any questions or wish to make any changes to your itinerary, I encourage you to contact us as soon as possible to enable us to satisfy your requests.

We look forward to providing your students with an enjoyable trip.

Sincerely,
CAPITAL TOURS, INC.


Judy Lalumiere

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September 1, 2022

SULLIVAN MIDDLE SCHOOL "PROPOSED" WASHINGTON, DC ITINERARY

Day 1	6:00 AM	Departure from school
Tuesday		Lunch enroute (group's expense)
May 30, 2023	4:30 PM	Dinner at the Ronald Reagan Building and meet with escort
	5:45 PM	Lincoln Memorial, Vietnam Memorial, Korean War Veterans Memorial, Jefferson Memorial
	8:00 PM	Check in at the Best Western - Springfield*
Day 2	7:00 AM	Breakfast at the hotel
Wednesday	8:00 AM	Arlington National Cemetery, Iwo Jima Memorial
May 31, 2023	10:30 AM	Group picture at the Capitol Building
		U.S. Capitol Building Tour (if available), U.S. Supreme Court, Library of Congress
	12:30 PM	Depart for Mount Vernon - Washington's Estate with Mansion Tour (\$15 lunch stipend to be provided)
	4:15 PM	U.S. Holocaust Museum - Permanent Exhibit (if available)
	5:45 PM	Dinner at Harriet's Family Restaurant
	7:15 PM	FDR Memorial, Martin Luther King, Jr. Memorial, World War II Memorial
Day 3	7:15 AM	Breakfast at the hotel
Thursday	8:30 AM	White House exterior for picture taking
June 1, 2023	9:15 AM	International Spy Museum (if available)
	11:00 AM	Sightseeing on the Smithsonian Mall with lunch at the group's convenience (\$15 stipend to be provided). During this time, Capital Tours recommends visiting the following museums which have historically been of the greatest interest to students: National Air & Space Museum, Museum of American History, Museum of Natural History, National Gallery of Art, National Museum of African American History & Culture (if available)
	5:30 PM	Dinner at the Pentagon City Mall
	7:00 PM	Ghost Tour of Alexandria
Day 4	7:00 AM	Breakfast at the hotel and check out
Friday	8:30 AM	Depart for home
June 2, 2023		Lunch enroute (\$15 stipend to be provided)
	6:30 PM	Estimated arrival in Lowell

* Best Western - Springfield
6721 Commerce Street
Springfield, VA 22150
Tel. (703) 922-6100

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200 Merrimack Street, Suite 401 • Haverhill, Massachusetts 01830 • Tel. (978) 373-9140

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The following is an itemized contract of services which Capital Tours, Inc. agrees to provide Sullivan Middle School on their four day tour of Washington, DC. Departure from school on May 30, 2023 at 6:00 AM returning to school on June 2, 2023.

Capital Tours, Inc. offers the following services in our tour fare (tax and tips in restaurants and hotels are included).

Bus driver and escort gratuities are at the discretion of the group.

1. Accommodations at the Best Western - Springfield, VA on a quadruple occupancy basis for students, double occupancy basis for adults. Additional adults beyond those complimented will be charged the student tour cost noted below up to an overall ratio of one adult for every ten students. Beyond that, adults housed on a double occupancy basis will be charged an additional \$30.00 per person, per night. For adults housed on a student quad basis, no supplementary charge will be made. For adults requesting single occupancy, an additional fee will be charged.
2. One free adult for every ten paying students. The number of complimentary adults is based on the total number of paying students only and is based on double occupancy. Adults shall include teachers, administrators, medical personnel, and parents.
3. A total of nine(9) meals from a variety of restaurants.
4. Security officers will be provided each night the group is at the hotel.
5. INSURANCE:
 - A. Accidental Medical--Each member of your group is covered for up to \$5,000.00 for accidental medical, \$ 2,000.00 for medical and hospital expense due to illness, up to \$3,000.00 accidental death and dismemberment and \$1,000.00 for accidental dental.
 - B. Capital Tours, Inc. maintains liability insurance as required by N.T.A.

In addition, the above named school and/or registrant agrees to:

1. Provide an adequate number of teachers and adults to properly supervise the conduct and welfare of their students.
2. Individual payments and cancellations will be handled per the registration form. Non-refundable amounts include annual operating expenses of Capital Tours, Inc. as well as any deposits paid to airlines, hotels, restaurants, etc. that cannot be recovered in the event of trip cancellation by the parent, school, natural disaster or declaration by any federal, state or local government entity and must be strictly enforced.
3. Rooming lists, etc., must be in the hands of Capital Tours, Inc. no later than forty-five days prior to departure. In the event that full and final individual payment is not received at least 14 days prior to the tour, those individual reservations will be cancelled and any monies received will be forfeited.
4. The school/group will guarantee full payment for all names submitted on the rooming list. Individual cancellations (by the school or parent) two weeks prior to departure will receive no refunds.
5. Students on tour will be held financially responsible for damages incurred by them to the motor coach or hotel in which they will be staying.
6. Collect and maintain parental permission/medical release forms for all students on tour and make these forms available to Capital Tours for five years.

Capital Tours, Inc. shall be responsible for all services offered in this contract except to the extent that such services cannot be supplied due to causes beyond the control of Capital Tours, Inc.

FULL REFUND, less the initial deposit, will be made if the tour is cancelled in writing at least forty-five days prior to departure. Cancellations inside forty-five days will be subject to additional expenses incurred. Cancellations two weeks prior to departure will receive no refunds.

Tour Cost (per person, based on 35 paying students).....\$812.00**

Tour Cost (per person, based on 40 paying students).....\$775.00**

Tour Cost (per person, based on 45 paying students).....\$747.00**

****The tour cost provided is based on 35, 40 OR 45 paying students. The tour cost may be adjusted by Capital Tours, Inc. if the number of paying students deviates significantly either higher or lower. Capital Tours reserves the right to modify the final trip cost in the unlikely event that motor coach fuel prices increase sufficiently to cause a fuel adjustment to the motor coach portion of the trip.**

School Representative

Date

For Capital Tours, Inc.

Date

CAPITAL TOURS, INC.

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3. A total of nine(9) meals from a variety of restaurants.
4. Security officers will be provided each night the group is at the hotel.
5. **INSURANCE:**
 - A. Accidental Medical--Each member of your group is covered for up to \$5,000.00 for accidental medical, \$ 2,000.00 for medical and hospital expense due to illness, up to \$3,000.00 accidental death and dismemberment and \$1,000.00 for accidental dental.
 - B. Capital Tours, Inc. maintains liability insurance as required by N.T.A.

In addition, the above named school and/or registrant agrees to:

1. Provide an adequate number of teachers and adults to properly supervise the conduct and welfare of their students.
2. Individual payments and cancellations will be handled per the registration form. Non-refundable amounts include annual operating expenses of Capital Tours, Inc. as well as any deposits paid to airlines, hotels, restaurants, etc. that cannot be recovered in the event of trip cancellation by the parent, school, natural disaster or declaration by any federal, state or local government entity and must be strictly enforced.
3. Rooming lists, etc., must be in the hands of Capital Tours, Inc. no later than forty-five days prior to departure. In the event that full and final individual payment is not received at least 14 days prior to the tour, those individual reservations will be cancelled and any monies received will be forfeited.
4. The school/group will guarantee full payment for all names submitted on the rooming list. Individual cancellations (by the school or parent), two weeks prior to departure will receive no refunds.
5. Students on tour will be held financially responsible for damages incurred by them to the motor coach or hotel in which they will be staying.
6. Collect and maintain parental permission/medical release forms for all students on tour and make these forms available to Capital Tours for five years.

Capital Tours, Inc. shall be responsible for all services offered in this contract except to the extent that such services cannot be supplied due to causes beyond the control of Capital Tours, Inc.

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School Representative

Date

For Capital Tours, Inc.

Date

James F. Sullivan Middle School
Field Trip Request Form



Please submit as soon as possible before an upcoming trip. Your team is responsible to check the school calendar, located in both administrative offices, for possible conflicts.

Team/Teacher: Grade 8 / Keith Valliere Grade: 8

of Students attending: 45 Destination: Washington DC

Date of event: May 30 - June 2

Leaving Sullivan at: 6:00 am May 30

Returning to Sullivan at: 6:30 pm June 2

Expenses: see enclosed itinerary

Chaperones:

Please remember, if you are planning on asking Sullivan Staff to chaperone, they must be responsible for covering any duties that they may have. (i.e.: lunch/bus)

Keith Valliere, Ashley Halipeau, Dan Purcell,
Kelsey Stappen

Transportation:

North Reading has a form that needs to be faxed. Please locate this form in the file cabinet in the main office. Cost: _____

Payment source: _____

The following Departments **MUST** be notified. Please ask that they sign off on this form prior to submitting for to the principal.

Nurse: _____ Allied Arts Team Leader: N/A

Cafeteria: _____ # of lunches to take out: N/A

Principal: SDC PTO: _____

Additional Information: _____

Lowell Public Schools: OVERNIGHT FIELD TRIP CHECKLIST [revised 03/01/12]

The School Committee recognizes that first-hand learning experiences provided by field trips are a most effective and worthwhile means of learning. It is the desire of the Committee to encourage field trips as an integral part of the program of the schools.

Specific guidelines and appropriate administrative procedures shall be developed to screen, approve and evaluate trips and to ensure that all reasonable steps are taken for the safety of the participants. These guidelines and appropriate administrative procedures shall ensure that all field trips have the approval of the principal and that all overnight trips have the prior approval of appropriate Administrative level.

Approval of the School Committee must be granted prior to money being collected, arrangements being made, or parental consent being issued for all overnight field trips.

The following guidelines are set to implement the planning of field trips as part of, and directly related to, classroom learning activities. All guidelines must be included in the request.

☒ The application for approval for an overnight field trip which requires students to miss a day or more of school must include written justification from the teacher proposing the trip.

☒ The application for approval for an overnight field trip which requires students to miss a day or more of school must include a written statement of the learning standards the trip will address.

☒ The application for approval for an overnight field trip must include an itemization of all costs associated with the trip and the funding source.

☒ All proposed field trips must have the approval of the school building administrator.

☐ All day trips must be within budgetary allotments for such purpose and be approved by the superintendent. Any trip, for which there is no budget allotment, must have advance approval of the School Committee.

☐ Each student who goes on a field trip must have written parental permission.

☐ Enough supervision must be provided so that discipline on the trip is effective.

☐ All trips must be well planned, properly timed, and related to regular learning activities.

☐ **NEW:** All Chaperones/other adults **MUST** be corried. Please list chaperones that are attending:

Keith Valliere, Ashley Galipeau,
Dan Parcell, Kelsey Stappen

Signature of Principal / Headmaster: 

Date 12/01/12

Signature of Central Administrator: _____

Date _____

REQUEST FOR PROFESSIONAL DAY(S) TO ATTEND A
WORKSHOP/CONFERENCE/FIELD TRIP/ACTIVITY

ALLOW 4 WEEKS FOR PROCESSING

(6 WEEKS IF SCHOOL COMMITTEE APPROVAL IS NEEDED)

Please fill out all provided fields to avoid any delays of the approval process

REMIT TO: LOWELL TEACHER ACADEMY @ CENTRAL OFFICE

Name of Staff Member: Ashley Galipeau

Staff Member's School: Sullivan Grade Level: 8 Subject: ELA

Workshop Title: Washington, D.C.

Organization Presenting Workshop: _____ Cost: _____

Date(s) of Workshop: 5/30/23 - 6/2/23

Substitute Coverage Needed? No Yes (Please circle one)

If Para is to serve as the coverage, indicate Para's name here: _____

In State ()

*Out of State (✓)

*Overnight (✓)

(Please ☒ one)

** Letter to the Superintendent of Out of State/Overnight attached () **

Signature of Applicant: A Galipeau Date: 12/21/22

Signature of Approval by Principal: [Signature] Date: 12/21/22

****Please provide source of funding, account number and/or grant name, and number for workshop and substitute****

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
Title I School			
Title I District			
Individual School Fund			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No.)			

Signature of Central Administrator: _____ Date: _____

Sub. Reserved: _____ Date: _____

Request Denied by: _____ Date: _____

*A letter to the Superintendent for all out-of-state or overnight activities is required at the time the Lilac Form is submitted and the "completed package" is to be sent to the Lowell Teacher Academy for processing.

REQUEST FOR PROFESSIONAL DAY(S) TO ATTEND A
WORKSHOP/CONFERENCE/FIELD TRIP/ACTIVITY

ALLOW 4 WEEKS FOR PROCESSING

(6 WEEKS IF SCHOOL COMMITTEE APPROVAL IS NEEDED)

Please fill out all provided fields to avoid any delays of the approval process

REMIT TO: LOWELL TEACHER ACADEMY @ CENTRAL OFFICE

Name of Staff Member:

Daniel Purcell

Staff Member's School

Sullivan Middle School

Grade Level:

8th

Subject:

Social Studies

Workshop Title:

Washington DC Trip

Organization Presenting Workshop:

Cost:

Date(s) of Workshop:

5/30/23 - 6/2/23

Substitute Coverage Needed?

No

Yes

(Please circle one)

If Para is to serve as the coverage, indicate Para's name here:

In State ()

*Out of State ☒

*Overnight ☒

(Please ☒ one)

** Letter to the Superintendent of Out of State/Overnight attached () **

Signature of Applicant:

[Signature]

Date:

12/21/22

Signature of Approval by Principal:

[Signature]

Date:

12/21/22

****Please provide source of funding, account number and/or grant name, and number for workshop and substitute****

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
Title School			
Title District			
Individual School Fund #			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No. #)			

Signature of Central Administrator:

Date:

Sub Reserved:

Date:

Request Denied by:

Date:

*A letter to the Superintendent for all out-of-state or overnight activities is required at the time the Lilac Form is submitted and the "completed package" is to be sent to the Lowell Teacher Academy for processing.

REQUEST FOR PROFESSIONAL DAY(S) TO ATTEND A
WORKSHOP/CONFERENCE/FIELD TRIP/ACTIVITY

ALLOW 4 WEEKS FOR PROCESSING

(6 WEEKS IF SCHOOL COMMITTEE APPROVAL IS NEEDED)

Please fill out all provided fields to avoid any delays of the approval process

REMIT TO: LOWELL TEACHER ACADEMY @ CENTRAL OFFICE

Name of Staff Member: Keith Valliere

Staff Member's School Sullivan Grade Level: 8 Subject: math

Workshop Title: Washington D.C. trip

Organization Presenting Workshop: _____ Cost: 0

Date(s) of Workshop: Tuesday May 30 - Friday June 2

Substitute Coverage Needed? No Yes (Please circle one)

If Para is to serve as the coverage, indicate Para's name here: _____

In State ()

*Out of State ☒

*Overnight ()

(Please ☒ one)

** Letter to the Superintendent of Out of State/Overnight attached () **

Signature of Applicant: Keith Valliere

Date: 12/21/22

Signature of Approval by Principal: [Signature]

Date: 12/21/22

****Please provide source of funding, account number and/or grant name, and number for workshop and substitute****

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
Title I School			
Title I District			
Individual School Fund			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No. #)			

Signature of Central Administrator: _____ Date: _____

Sub Reserved: _____ Date: _____

Request Denied by: _____ Date: _____

*A letter to the Superintendent for all out-of-state or overnight activities is required at the time the Lilac Form is submitted and the "completed package" is to be sent to the Lowell Teacher Academy for processing.